

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/658241	FILING DATE	
							APPLICANT/IST		
2/17/05 4/10/05 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2	1		1				52		
3		1		2			53		
4		1		1			54		
5		1		1			55		
6		2		2			56		
7		2		2			57		
8		1		2			58		
9				1			59		
10				1			60		
11				1			61		
12				1			62		
13				1			63		
14				2			64		
15			1		1		65		
16			1		1		66		
17		2		2		2	67		
18		2		2		2	68		
19		1		1		1	69		
20		2		1		1	70		
21		2		1		1	71		
22		2		1		1	72		
23		2		1		1	73		
24		2		1		1	74		
25		2		1		1	75		
26		2		1		1	76		
27			1		1		77		
28				1		1	78		
29			1		1		79		
30				1		1	80		
31			1		1		81		
32				1		1	82		
33			1		1		83		
34		1		1		1	84		
35			1			1	85		
36			1			1	86		
37				1	1		87		
38			1			1	88		
39				1		1	89		
40				1		1	90		
41				1		1	91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4		11		7		TOTAL IND.		
TOTAL DEP.	4	37		37		37	TOTAL DEP.		
TOTAL CLAIMS	51	48		48		48	TOTAL CLAIMS		

PTO-1260 (12-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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